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Plea for a psychosomatic approach for patients suffering from renal insufficiency

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Abstract

Problem Statement: The psychosomatic theory defines the mental-operation that characterizes the work of the mental unit of individuals. Our subject concerns patients affected by renal failure who will submit a kidney transplant. **Purpose of Study:** show the psychological and social, mainly environmental, factors that influence the course and evolution of the graft, those subject to the transplant have a different mental functioning and this differs from one person to another, i.e. good, uncertain, and bad mentalizing, this latter is more exposed to somatization. **Research Methods:** We have consulted 15 hemodialysis cases using a clinical interview and a personality test TAT: 1. A first test in hemodialysis phase to identify the quality of mental functioning, and quality of the contribution of the environment to predict the evolution of renal transplantation. 2. a year after having performed the transplant, we see whether the graft functions. **Findings:** Mental functioning in hemodialysis patients varies from good mentalizing up to poor mentalizing, the patients who show poor mentalization are psychologically weaker and more prone to somatization, so performing a kidney transplant with these patients is not advisable. Moreover, some cases have a favorable contribution of the environment, but for others the contribution from the environment is unfavorable. **Conclusions:** The advantage of this diagnostic assessment lies in the prognostic dimension it has with useful therapeutic measures for the concerned patient. The psychological examination makes it possible to specify in which dynamic evolutionary movement is engaged the subject when we meet him. It thus gives valuable indications to whether or not to provide a therapeutic surgical intervention.

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Introduction

Among the diseases of the century we can find the end stage chronic renal disease, through which patients are necessarily undergoing hemodialysis as treatment, waiting to have a kidney transplant if it is feasible, since all patients do not have the opportunity to have this kind of transplant.

The end stage renal failure is an event that is perhaps a trauma and a difficult reality for every human to accept. It has implications at the psychological and social levels of the individual, several disorders and mental states that can dramatically alter the quality of life of these patients.

Kidney transplantation helps install a relative level of reorganization and both somatic and psychic reactivation. In our study we will examine the patients in hemodialysis phase, then meet the same patients after renal transplantation, as well as all the factors involved in this project.

Methodology

The psychosomatic approach is interested in the psychosomatic aspect of the individual, it unites the body and the psychic of patients in continuous interaction, resulting in a single drive. Therefore, it is impossible to understand one of the components of the individual without referring to the other.

After numerous studies in patients with organic diseases, P. Marty and his colleagues have developed a new theory which was inspired by the psychoanalytic theory, which defines the mental-operation that characterizes the work of the mental unit of subjects with organic disease.

The results of the work of F. Seron on kidney transplants were supported by P. Marty who insists on "the cons-indication to perform a kidney transplant from an evil mentalized patient experiencing a movement against scalable large magnitudes." (Marty P., 1990, 92, p.68), that is to say, not to perform renal transplantation in very weak and mentally ill patients, but only after a proper care. (Seron F., 1987, P. 1)

The epidemiological study revealed that 10% to 15% of individuals who had undergone a transplant had had a rejection which means the failure of the graft. As a result the person presenting that rejection, will undergo another trauma caused by this failure and a compelling return on hemodialysis (Reach G., 2007, P. 38/39).

However, the phenomenon of rejection was noticed despite the availability of the same medical treatment conditions before and after the transplant. And because of this, we wanted to find the underlying causes involved and that are in relation with the reaction of acceptance or rejection of the graft - the transplanted organ-. Indeed, the kidney after surgery and its introduction into the body will be more or less responsible for any phantasmatic content specific to each person according to his former life and the contents of his psychic apparatus as his kidney undermines his psychosomatic overall balance.

Research Questions

From this psychosomatic theory, we conducted a study on patients with chronic renal failure who are scheduled for a kidney transplant from a living donor and we tried to answer the following basic questions:

- What are the factors involved in the success of a kidney transplant?
- Does the contribution of the environment affect the course of kidney transplant?

Purpose of the Study

The goal of our study is to show the psychological and social factors that influence the course of the graft, hemodialysis patients subjected to transplantation have a different mental functioning from one person to another, i.e. good mentalizing, uncertain and the bad one. These latter are more exposed to somatization including graft rejection, as well as the quality of the contribution of the environment, whether it is favorable or unfavorable it influences on the course of the graft.

Research Methods

The study that we have undertaken is made from 15 hemodialysis cases. This research will be done within two steps: the preoperative and the postoperative steps.

We studied hemodialysis patients before they undergo a kidney transplant from a relative living donator, to identify their mental functioning and quality of the contribution of the environment to predict the course of the renal transplant. We used the **semi-directive interview** and the **projective methods** (Rorschach and TAT).

The second part of the research will include the same people previously considered after a period of one year or more after they undertook a renal transplantation. The same assessment tools will be used to establish the correlation between the mental functioning of the subject and the success or failure of the graft, i.e., study the relationship between the results of an investigation based on the Psychosomatic and the prospect of kidney transplantation in order to detect the prognostic values of the course of the graft, and to identify the risky and protective factors.

Results of the research (Findings)

Mental functioning in hemodialysis patients varies from good mentalizing up to poor mentalizing these last are more fragile psychologically and more prone to somatization, so it is against indicated to perform a kidney transplant for these patients. In addition, some cases have a favorable contribution of the environment, whereas for others the environment is unfavorable.

To answer the question about the influence of the environment in transplant recipients, particularly among those who have a weakness in their mental functioning (uncertain mentalizing, poor mentalizing). To maintain a kind of psychosomatic economy balance, they get profit from some external investments (medical, drugs, relationships ... etc) which act as protective shield and replace their defense organization which is fragile. So to maintain a general homeostasis of these people, it is important to provide them with an appropriate living condition. Thus Professor Jean Benjamin Stora focused on "the contribution of the emotional family environment that acts as a container of excitations induced by the operation enhancing the adaptability of the patient and caregiver to mental and vital recovery" (Benjamin Stora J., 2005, P.52).

Indeed, the absence of these factors can contribute to somatic disorganization because the environment does not play the role of protector. While the contribution of the environment determines the course – whether it is successful or not- of the graft.

Patients with a mentalizing deficiency accompanied by a favorable environmental support, which acts as a positive stimulus and a family that has the role of protective shield are thus reorganized, and affect the success of the transplant. In contrast, the negative environment contributes to the failure of the latter.

Conclusion

In the field of organ transplantation, the development of the psychological examination is now established as part of the assessment of pre-transplant.

The advantage of this diagnostic assessment lies in the prognostic dimension it has with useful therapeutic measures for the concerned patient.

The psychological evaluation makes it possible to specify in which scalable dynamic movement is the subject engaged when we meet him/her. It thus gives valuable insight into whether or not a therapeutic intervention, such as surgery at the time of the patient's life is necessary or not.

Consequently, these results pledge a future for a short-term prevention for adults, such prevention is to conduct psychotherapy methods with subjects at risk even before the kidney transplant.